



2017 MOTORSPORTS CONTINGENCY AWARD CLAIM FORM

IMPORTANT: ATTACH COPY OF OFFICIAL RACE RESULTS

**Claims will not be processed without official results*

Claims must be submitted within 30 days of the event

TEAM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ PHONE: _____

E-MAIL: _____

HONDA RACING LINE MEMBERSHIP NUMBER _____

SERIES: VIR Spec:RaceAtom Spring Mountain Spec:RaceAtom

RACE LOCATION: _____

EVENT DATE: _____

CAR#: _____ DRIVER: _____

FINISHING POSITION IN CLASS	CONTINGENCY AWARD
<input type="checkbox"/> 1 ST PLACE	\$200
<input type="checkbox"/> 2 ND PLACE	\$100
<input type="checkbox"/> 3 RD PLACE	\$50

I certify that all of the information provided above is complete and accurate. I affirm that I have read, understand, and agree to comply with all of the contingency program rules and regulations.

SIGNATURE: _____ DATE: _____

Return to:
TMI AutoTech Inc.
1025A Raceplex Dr.
Alton, VA 24520
Tel: 434.822.9130